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**Summer Camp Incident Report**

This form is to be used for all incidents of illness, medical accident/injury, and summer camp rule violations including all incidents where students or staff are given a warning in which consequences are stated, or any early departures. Incidents are to be documented completely and emailed to Montana GEAR UP office in Helena.

Instructions:

1. Call Katie Meier the Montana GEAR UP College Access Manager at (406) 444-0350 immediately (regardless of time of day) and give a detailed explanation of the incident.
2. Fill out all sections of this report completely.
3. Complete payment information if needed.
4. Email the completed report to kmeier@montana.edu within 12 hours.
5. Make one copy and put it in the student/staff member’s file.
6. Save an electronic copy for any future reference.

|  |  |  |
| --- | --- | --- |
| **Name(s):** |  |  |
|  | (Double click on appropriate box and click on “check” ok) |
|  | [ ]  Student | [ ]  Staff |
| **Result:**  | [ ]  Stayed at Camp | [ ] Left Camp |
| **Departure Date/Time** | * Date:
 | * Time:
 |
| **Mode of Departure:** | [ ]  Car | [ ]  Plane | [ ]  Bus | [ ]  Train | [ ]  Other |
| **Escorted By:** |  |
| **Date of Incident:** |  |
| **Time of Incident:** |  |
| **Location of Incident:** |  |
| **Day of camp: (1-7)** |  |
| **Campus Host:** |  |
| **Team/Group:** |  |
| **Team Leaders:** |  |  |
| **Others Involved:** |  |  |
| **Witness(es)** |  |  |
| **Parent Notified By:** |  | * Method (email/phone):
 |
| **Notified Date/Time** | * Date:
 | * Time:
 |
| **Damages:** | [ ]  Yes | [ ]  No |
| **Payment for damages:** | Credit Card Number:Expiration Date:Name on Card: |  |

**Type of Incident**

|  |  |
| --- | --- |
| [ ]  Illness | [ ]  Medical Accident/Injury |
| [ ]  Substance/Tobacco Abuse | [ ]  Sexually Related Incident |
| [ ]  Physical/Verbal Abuse | [ ]  Homesick |
| [ ]  Property Damage (fill out payment info.) | [ ]  Parent Upset |
| [ ]  Out of Boundaries | [ ]  Other (please be specific) |
| [ ]  Staff/Student Relationships |  |

**Describe the Incident/Complaint** (what happened, to whom, how, and the method of interventions)**:**

**Conclusion** (assessment of what happened and why)**:**

**Warning/consequences stated** (if applicable)**:**

**Action taken** (include doctor’s orders/follow care instructions, if applicable)**:**

**Notes** (Include follow up information, parent contact and reaction, medical treatments, medical contacts, team conclusion, communications with the Summer Camp Coordinator or Montana GEAR UP/OCHE, etc):

**Medical Situations Only:** Please give the vitals that were obtained

|  |  |  |  |
| --- | --- | --- | --- |
| Medications |  | Allergies |  |
| Blood Pressure |  | Pulse |  |
| Pupils | (L) (R) | Lungs | (L) (R) |
| Temp |  | Respiration’s |  |
| Skin-Color, Temp, Moisture |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Incident Report Preparer |  | Phone |  |
| Date |  |  |  |
|  |  |  |  |
| Incident Report Reviewer |  | Phone |  |
| Date |  |  |  |